

MEMORANDUM FOR COMMITTEE MEMBERS:

FROM: Lt Gen Paul K. Carlton, Jr., Chair of the Council

SUBJECT: DoD Prevention, Safety, and Health Promotion Council (PSHPC) Meeting, 22 June 2001

1. The PSHPC meeting was convened at 0900 hrs in Pentagon Room 1E801#4-5. Attendees are as follows:

Lt Gen Carlton, Air Force Surgeon General (Chair)
Mr. Raymond DuBois, Deputy Under Secretary of Defense (Installations and Environment)
CAPT Robinson Assistant Secretary of Defense (Health Affairs) (Representative)
COL Powers, Deputy Assistant Secretary of Defense (CPP) (Representative)
Brig Gen Spiegel, Assistant Secretary of the Air Force (Manpower, Reserve Affairs, Installations and Environment) (Representative)
Mr. McLaurin, Assistant Secretary of the Army (Manpower and Reserve Affairs) (Representative)
Ms. Morehouse, Assistant Secretary of the Navy (Manpower and Reserve Affairs) (Representative)
Ms. Ficadenti, Deputy Chief of Staff, (Manpower and Reserve Affairs) [(DCS) (M&RA)], Marine Corps (Representative)
RDML Mayo, Director for Logistics, J-4, The Joint Staff (Representative)
Mr. Fatz, Deputy Assistant Secretary Army Environmental Safety Occupational Health
Lt Col Larcom, Deputy Assistant Secretary Air Force Environment, Safety and Occupational Health (Representative)
Ms. Corliss, Assistant Deputy Chief of Staff, Air Force Personnel (Representative)
Col Cohen, T Management Activity (Representative)
Dr. Claypool, Executive Director Military and Veterans Health Coordinating Board
CDR Ludwig, Commandant United States Coast Guard (Representative)
BG Martinez, Army Surgeon General (Representative)
BG Heilman, Deputy Chief of Staff and Personnel, Army
RDML (sel) Hart, Navy Surgeon General (Representative)
Mr. Reinhard, Office of the Assistant Secretary of the Navy (Installations and Environment)
Mr. Lillibridge, SD HQMC
CAPT Garbow, Navy Safety (Representative)
Mr. Sherman, Chief of Naval Personnel (Representative)
Mr. Phillips, Air Force Safety (Representative)
Ms. Burke, Assistant Secretary of Defense (Force Management Policy) (Representative)
LT David Gai, Office of the Secretary of Defense (Public Affairs) (Guest)

Members Not Present:

BG Lacoste, Director Army Safety
Ms. Ellen Embrey, Assistant Secretary of Defense (Reserve Affairs) (Representative)

2. **OLD BUSINESS:** The 4 January 2001 minutes were approved as written.

3. **NEW BUSINESS:**

A. Administrative Remarks

The Chair indicated that Capt Murphy and Lt Col Talcott had given presentations at the DoD Prevention Conference during May in San Diego. Their briefing topics included a PSHPC overview, the status of Alcohol Abuse Tobacco Use Reduction Committee (AATURC) initiatives and the DoD Suicide Prevention plan.

The names of replacement PSHPC Committee Chair/Committee Member need to be given to CAPT Murphy so that new letters of appointment can be prepared. The intent of these letters is to emphasize the importance of the PSHPC's work through the individuals Chain of Command. Letters will be updated on a quarterly basis.

The Deputy Secretary of Defense on behalf of the Secretary of Defense signed the revised PSHPC Charter on 18 May 2001. The PSHPC is now chartered until January 2003. The significant change is the addition of the Assistant Secretary of Defense (Reserve Affairs) as a PSHPC member.

The Chair welcomed Mr. Raymond DuBois, the Deputy Under Secretary of Defense (Installations and Environment) to the Council.

The Chair welcomed Brig Gen John Spiegel, Principal Deputy Assistant Secretary of the Air Force for Strategic Planning, to the Council. He is representing the Assistant Secretary of the Air Force (Manpower, Reserve Affairs, Installations and Environment).

The Chair welcomed Ms. Bonnie Morehouse, representing the Assistant Secretary of the Navy (Manpower and Reserve Affairs) to the Council.

The Chair recognized COL Benjamin Withers as the outgoing chair of the Joint Preventive Medicine Policy Group (JPMPG). CAPT Jeff Yund (Navy Bureau of Medicine and Surgery) will replace COL Withers.

The Chair iterated the intent to have at least two committee chairs brief their action items and timelines at each meeting. In October 2001 the JPMPG and the Put Prevention In Practice (PPIP) committee chairs will present.

B. PSHPC Committees:

Selected PSHPC Committee chairs presented briefings in response to taskers from the Council meeting in January 2001.

(1.) Injury Occupational Illness Prevention (IOIPC):

COL DeFraitess, in response to the Chair's request, updated the Council on current levels of cooperation between the Service Medical Departments and Service Safety Centers regarding Injury and Occupational Illness prevention. He summarized the results of the IOIPC meeting conducted at Randolph Air Force Base on 21 and 22 February 2001. COL DeFraitess again addressed a proposed Armed Forces Injury Prevention Support Center (AFIPSC) whose purpose would be to evaluate data on military injuries, mortality and disability, monitor and coordinate military injury research, promote data quality and improvement and communication among researchers and make policy recommendations regarding prevention of injury, mortality and disability in the military. The AFIPSC concept, originally presented at the January 2001 meeting, does not enjoy the support of the Joint Service Safety Chief's (JSSC's). The JSSC's again, voiced their non-concurrence citing that the AFIPSC would duplicate existing service efforts and that the requirements for manpower and resources exceed anticipated benefits.

COL DeFraitess then presented an overview of current Department of Defense (DoD) and Service initiatives in the four areas to be addressed by the AFIPSC. His conclusions were that while there are many ongoing productive projects and initiatives within both DoD and the Services, addressing injury prevention, there does not exist a single DoD liaison for other Federal and non-governmental institutions and that no designated sponsor/champion for issues of Joint/mutual interest has been identified.

The Chair again, after considerable discussion, centered his remarks on the need for improved coordination with the focus being on process improvement. Citing that while there is no service agreement on all educational aspects of injury prevention, there are policy initiatives that may be of specific benefit. He specifically cited the Army's long time policy on "Water Intoxication." The Chair felt that the IOIPC would be an ideal venue for the sharing of information and tasked COL DeFraitess to identify areas of mutual benefit. Additionally, COL DeFraitess is to report the level at which these shared policies occur. The Chair specifically desired to know where Medical-to-Medical interchange occurs, where Safety-to-Safety interchange occurs and at what level Medical and Safety interchange occurs. COL DeFraitess will address this topic at the October 2001 meeting.

(2.) Alcohol Abuse Tobacco Use Reduction Committee (AATURC):

CAPT Murphy briefed the current status of AATURC activities using timelines and Gantt charts. A brief synopsis of the rationale for study, the negative Readiness impact, the areas of focus for the plans, and future directions was presented... The DoD triennial survey of Health Related Behaviors is currently being conducted and preliminary data will be available in December 2001. A more formalized Executive Summary will be available in either March or April 2001. At that time the AATURC will reassess the results of their strategies and interventions. Finally, a three-page summary of AATURC accomplishments over the last two years was distributed to PSHPC members for their review.

(3.) Suicide Prevention and Risk Reduction Committee (SPARRC):

The SPARRC action plan and charter have been informally coordinated and comments from the Council members incorporated. DoD and Service Secretariat offices will have until 15 July 2001 to submit to CAPT Murphy any additional comments. Following this CAPT Murphy will begin the formal coordination process. Approval of the action plan and charter by the Under Secretary of Defense (Personnel and Readiness) is anticipated by 1 October 2001.

(4.) Self-Reporting Tools (SRT):

CAPT Murphy, on behalf of LTC Goodrich, presented an update on SRT activities. Focal points addressed were the need to revise the HEAR as an effective means of gathering, storing and retrieving information if Population Health initiatives are to be successful. Additionally, addressed was a proposed Optimization and Population Health Support Center (OPHSC) designed to sustain and manage the HEAR program. The OPHSC would be located within the Optimization and Integration Directorate at the TRICARE Management Activity.

The current version of the HEAR is being revised and shortened, as per the recommendations of the Yale consulting group, and current plans call for automation and web enablement of this instrument. Until the complete deployment of CHCS II, a government owned data base system called the Stand-alone Prevention and Readiness Tool (SPRT) is being used. SPRT was originally developed by the Navy as part of their Population Health-Naval Services (PH-NS) project for shipboard use. SPRT is currently undergoing Alpha testing in Norfolk Virginia.

HEAR is designed to be used as a program for the Military Treatment Facilities (MTFs) and the Primary Care Management (PCM) team. A proposed schematic for use of the HEAR by both the MTF and a PCM was presented.

HEAR's goal is to provide immediate feedback to the Unit Commander, Healthcare Team members and the beneficiary. This will allow for real-time facilitation of preventive services and utility as a population health management tool. When fully deployed, HEAR data will be forwarded from the Clinical Data Repository for CHCS II to a Master Data Repository. The information generated will then be used in the development of enterprise based metrics and reports.

The current impediments to SRT deployment centers on the programming of resources for the required Information Management/Information Technology (IM/IT) solutions. SPRT is an IM/IT program and until budgetary shortfalls are restored the proposed SRT action plan timelines as outlined in the Gantt charts will need to be adjusted. This area will need to be addressed as part of the overall Military Healthcare System Strategic Plan.

Discussions centered on the necessity to properly configure the new HEAR to meet the needs of specific populations, the usefulness of the information received, and the methodology employed. LTC Goodrich will address these issues at the time of his next presentation.

C. Safety in the Acquisition Process:

In response to the Chair's request, Mr. Schilder presented another report on "Joint Operability." His specific topic was "Joint Exercise and Deployment Accident Prevention (J-EDAP)" concerns. An overview of the risks and outcomes from the Safety and Occupational Health (SOH) perspective was presented. A schematic demonstrating the various DoD, Joint, individual Service, civilian and coalition partner agencies with a vested interest in the processes involved was shown. J-EDAP recommendation's centered on three primary areas of improvement:

- (1.) Delivery to Commanders In Chiefs (CINCs) timely and accurate information
- (2.) Improved Operational Risk Management Tools that allow Joint Commanders to protect People Facilities, Equipment and their Environment
- (3.) Providing Unit Safety Officers Guidance, Standards, Lesson learned data, Training, Standard equipment lists and Web based tools

Over the last 3-4 months the J-EDAP Working Group has established a subject matter expert list server, a dedicated web page and begun the development of a workgroup charter. A policy workshop addressing SOH issues is planned for the fall. The Safety and Health Programs manager from Joint Forces Command

will serve as the Chair of the working group. A proposed timeline for working group milestones using Gantt chart methodology has been developed.

D. DoD Ergonomic Working Group:

LTC Lopez, Chair of the DoD Ergonomics Working Group, presented an over view of their activities. She cited the importance of ergonomics as a component of any injury prevention program. The design of workstations, critical reviews of task demands and development of tools and equipment that is compatible with human capabilities are the cornerstones of Injury Prevention and Productivity enhancement.

The working group was established in 1994 and serves as the DoD technical advisor for the safety and health aspects of Work-Related Musculoskeletal Disorders. Work group initiatives include publication of technical guides and program flow charts, educational courses and conferences to include computer based training on ergonomic issues, participation in safety demonstration projects, partnership with the Veterans Administration in clinical practice guideline and toolkit development, and involvement in acquisition and deployment concerns. As an example LTC Lopez presented a film clip on ergonomic problems associated with a portable intensive care stretcher unit in Kosovo. Although the additional weight concerns had been voiced in the acquisition process these were ignored and subsequently, this oversight resulted in an injury to an individual during deployment.

The Chair requested CAPT Murphy to coordinate a review of the individual Services' Acquisition processes and assess the role played by Safety, Environmental Security and Occupational Health. This will be presented in October 2001.

E. Operational Stress and Military Resiliency:

The consensus of the members was that the Operational Stress and Military Resiliency Working Group should not be adopted as a committee of the PSHPC. However, there was no clear direction under which PSHPC committee this group might best fit. At the Chair's request this item will be tabled for six months. CAPT Murphy will continue to attend the working group meetings as an interested party. This will be an item for the January 2002 meeting.

F. PSHPC Concept of Operations Paper:

The Chair requested members again to forward him their comments regarding the issue of a permanent staff for the PSHPC. The concept of operations paper outlined the historical background of the PSHPC, its accomplishments, and the need for a dedicated Tri-Service staff to monitor and coordinate DoD Prevention activities. The PSHPC concept paper was originally presented at the January 2001 meeting. However, in light of the many new Council members in attendance it was reforwarded as a Read Ahead. This will be a topic for the next meeting.

G. "Future Directions":

The Chair at the time of the January meeting requested from PSHPC members their input regarding support for a Strategic off-site to address the future role of the PSHPC. The input received indicates generalized support for this. However, what specific format this off-site would take is undetermined. Due to the length of the meeting, there was no time for discussion. CAPT Murphy will take for action and report the status at the October 2001 meeting.

The current Chair's term of office expires in September 2001. The Navy Surgeon General, through his representative, has expressed an interest in assuming the PSHPC Chair. VADM (sel) Cowan, however, does not assume the Navy Surgeon General post until mid-August. No time frame for assumption of the Chairmanship has been established.

The Chair of the Put Prevention Into Practice Committee (PIIP) has requested that with the development of the Population Health Plan for the Military Healthcare System that the PIIP committee be disestablished. PIIP was never intended to be a stand alone program and many of the elements in their action plan and charter are reflected in the Population Health plan. The PIIP chair will present the status of their activities in October 2001. At the request of the representative from the Assistant Secretary of the Army (Manpower and Reserve Affairs), this motion was deferred.

Mr. Raymond DuBois, the Deputy Under Secretary of Defense (Installations and Environment), briefed the Council on a meeting chaired by the Secretary of Defense (SECDEF) on reducing Occupational Injury and Illness costs within the DoD. At the meeting, the Secretary of the Treasury presented his experiences during his thirteen years as Chairman of ALCOA. SECDEF is interested in using civilian benchmarks to reduce the \$1.7B annual loss attributable to Injury and Occupational Illness. An invitation has been extended to the President of the National Safety Council to review DoD policies and programs and report his findings to SECDEF in September 2001. Mr. DuBois felt that it would be beneficial for the PSHPC to hear the results of this report and suggested that the President of the National Safety Council present this at the October 2001 meeting. The Chair asked CAPT Murphy to work with Mr. DuBois's staff to arrange the presentation.

A synopsis of PSHPC accomplishments was distributed to Council members as a Read Ahead. This document based on the input from committee chairs was developed to aid PSHPC members in their future deliberations.

4. NEXT MEETING:

Members will be notified of the date for the next meeting, which will occur in October 2001.

5. ADJOURNMENT:

The meeting adjourned at 1030.

PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General